17867

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

!!		CERTIFICATE	OF DEATH		S. A. S. Market
	1. PLACE OF DEATH		.ABI		
li	County	Registration District No.		Pile No	
	Township	Primary Registration Dis	rice in MIXII) El	Redistered No	. 5245
	· City Of Mary (Na	Trop	les tospic	Z St	Ward)
2. FULL NAME THE MONISON					
(a) Residence. No. 1834 Bouch and Estates De					
(Usual place of abode) (If nonresident give city or town and S Length of residence in city or town where death occurred yrs. mes. ds. How long in U.S., if of foreign birth? yrs. mes.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3	1. COLOR OR RACE SINGLE, MADERIAL DEPORCED OF THE PROPERTY OF		6. DATE OF DEATH (MONTH, D	AY AND YEAR 5-	- 2.5 1923
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			that I lest saw h. than alive on That I attended deceased from the lest saw h. than alive on That I 2 2 19.23 and that		
6.	DATE OF BIRTH (MONTH, DAY AND YEAR)		ath occurred, on the date stated abo	re; at	3.0.15
_	AGE YEARS MONTHS DAG	If LESS than 1	THE CAUSE OF DEATH*: WAS AS FOLLOWS:		
	53 10 8	day,hrs.	Talvula	hear	Taises o/
8.	OCCUPATION OF DECEASED		MAA		
(a) Trade, profession, or particular kind of work			(duration) res 6 mos de		
(b) General nature of industry,			ONTRIBUTORY	35	A a
business, or establishment in which employed (or employer)			(SECONDARY)	1	41
(c) Name of employer Droves Bases			18. Where was disease contracted		
9.	BIRTHPLACE (CITY OR TOWN)		IF NOT AT PLACE OF DEATHY.		
	10. NAME OF FATHER STORM		DID AN OPERATION PRECEDE DEA	THT DATE OF.	
PARENTS	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		WAS THERE AN AUTOPSY?	*******************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			WHAT TEST CONFIGNED DIAGNOSIST		
			(Signed)	asse	revelly
			, 19 (Address)	4318 Eu	right and
			*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accessival, Success, or		
	(STATE OR COUNTRY)	I	 MEANS AND NATURE OF INJU- IOMICTOAL. (See reverse side for add 	ny, and (2) whether A litional space.)	ACCIDENTAL, SUICIDAL, OF
14.	INFORMANT SUSSE MOVE	^	. PLACE OF BURIAL CREMAT		DATE OF BURIAL
15.	MAY 26 1923 may 6 87a	20 80 1 20	UNDERTAKER -	we .	5-27 1923 ADDRESS
	PRED. 15.77 / // 15.77 / 15	Resistant	04176B	seen.	\$517 Soclede ha
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Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Helath Association.)

Statement of Occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS State MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetantus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.